



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code

4667

4667

(Current)

(Prior)

NAIC Company Code

12575

Employer's ID Number

20-2833904

Organized under the Laws of

Tennessee

, State of Domicile or Port of Entry

TN

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health

Is HMO Federally Qualified? Yes [☐] No [☒]

Incorporated/Organized

05/11/2005

Commenced Business

01/01/2006

Statutory Home Office

445 Great Circle Road

(Street and Number)

Nashville , TN, US 37228

(City or Town, State, Country and Zip Code)

Main Administrative Office

445 Great Circle Road

(Street and Number)

Nashville , TN, US 37228

(City or Town, State, Country and Zip Code)

615-743-6600

(Area Code) (Telephone Number)

Mail Address

445 Great Circle Road

(Street and Number or P.O. Box)

Nashville , TN, US 37228

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

445 Great Circle Road

(Street and Number)

Nashville , TN, US 37228

(City or Town, State, Country and Zip Code)

615-743-6600

(Area Code) (Telephone Number)

Internet Website Address

www.silverscript.com

Statutory Statement Contact

Xiaoqi Glenn Wang

(Name)

401-770-9669

(Area Code) (Telephone Number)

Xiaoqi.Wang@CVSCaremark.com

(E-mail Address)

401-733-0136

(FAX Number)

OFFICERS

President

Todd Dean Meek

Secretary

Michele Wugalter Buchanan

Treasurer

Daniel Lee Zablocki #

Actuary

Rebecca Conway Justice

OTHER

DIRECTORS OR TRUSTEES

Harold Neil Lund

Todd Dean Meek

Marsha Carolyn Moore

Mary Kristina Meyer

David Scott Azzolina

State of _____ SS:
County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Todd Dean Meek

Michele Wugalter Buchanan

Daniel Lee Zablocki

President

Secretary

Treasurer

Subscribed and sworn to before me this

a. Is this an original filing? Yes [☒] No [☐]

day of

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebates	352,446,211					352,446,211
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	352,446,211	0	0	0	0	352,446,211
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Performance Network Rebate	270,634,959					270,634,959
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	270,634,959	0	0	0	0	270,634,959
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	623,081,170	0	0	0	0	623,081,170

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	82,026,016	2,683,815,430		352,446,211	82,026,016	57,610,056
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	307,775,511	438,038,201		270,634,959	307,775,511	305,970,508
7. Totals (Lines 1 through 6)	389,801,527	3,121,853,631	0	623,081,170	389,801,527	363,580,564

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

22

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	3,079,808,634	100.0	XXX	XXX	3,080,333,049	(524,415)
12. Total other payments	3,079,808,634	100.0	XXX	XXX	3,080,333,049	(524,415)
13. TOTAL (Line 4 plus Line 12)	3,079,808,634	100%	XXX	XXX	3,080,333,049	(524,415)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			xxx	xxx	xxx

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Alabama		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	71,431	0	0	0	0	0	0	0	0	71,431	
2.	First Quarter	76,488	0	0	0	0	0	0	0	0	76,488	
3.	Second Quarter	74,293	0	0	0	0	0	0	0	0	74,293	
4.	Third Quarter	75,299	0	0	0	0	0	0	0	0	75,299	
5.	Current Year	75,508	0	0	0	0	0	0	0	0	75,508	
6.	Current Year Member Months	909,047	0	0	0	0	0	0	0	0	909,047	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	57,773,133	0	0	0	0	0	0	0	0	57,773,133	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	61,657,979	0	0	0	0	0	0	0	0	61,657,979	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	50,709,363	0	0	0	0	0	0	0	0	50,709,363	
18.	Amount Incurred for Provision of Health Care Services	46,348,665	0	0	0	0	0	0	0	0	46,348,665	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$57,773,133



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Alaska		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	1,352	0	0	0	0	0	0	0	0	1,352	
2.	First Quarter	1,211	0	0	0	0	0	0	0	0	1,211	
3.	Second Quarter	1,184	0	0	0	0	0	0	0	0	1,184	
4.	Third Quarter	1,165	0	0	0	0	0	0	0	0	1,165	
5.	Current Year	1,137	0	0	0	0	0	0	0	0	1,137	
6.	Current Year Member Months	14,262	0	0	0	0	0	0	0	0	14,262	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	1,448,175	0	0	0	0	0	0	0	0	1,448,175	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	1,430,096	0	0	0	0	0	0	0	0	1,430,096	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	1,107,168	0	0	0	0	0	0	0	0	1,107,168	
18.	Amount Incurred for Provision of Health Care Services	1,011,144	0	0	0	0	0	0	0	0	1,011,144	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,448,175

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Arizona		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		59,224	0	0	0	0	0	0	0	0	59,224	
2. First Quarter		59,630	0	0	0	0	0	0	0	0	59,630	
3. Second Quarter		59,398	0	0	0	0	0	0	0	0	59,398	
4. Third Quarter		60,034	0	0	0	0	0	0	0	0	60,034	
5. Current Year		60,419	0	0	0	0	0	0	0	0	60,419	
6. Current Year Member Months		717,546	0	0	0	0	0	0	0	0	717,546	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		38,856,072	0	0	0	0	0	0	0	0	38,856,072	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		39,086,307	0	0	0	0	0	0	0	0	39,086,307	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		29,092,952	0	0	0	0	0	0	0	0	29,092,952	
18. Amount Incurred for Provision of Health Care Services		26,588,453	0	0	0	0	0	0	0	0	26,588,453	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$38,856,072

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Arkansas		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		86,641	0	0	0	0	0	0	0	0	86,641	
2. First Quarter		94,009	0	0	0	0	0	0	0	0	94,009	
3. Second Quarter		92,283	0	0	0	0	0	0	0	0	92,283	
4. Third Quarter		94,164	0	0	0	0	0	0	0	0	94,164	
5. Current Year		94,582	0	0	0	0	0	0	0	0	94,582	
6. Current Year Member Months		1,126,948	0	0	0	0	0	0	0	0	1,126,948	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		51,055,718	0	0	0	0	0	0	0	0	51,055,718	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		54,751,370	0	0	0	0	0	0	0	0	54,751,370	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		50,238,156	0	0	0	0	0	0	0	0	50,238,156	
18. Amount Incurred for Provision of Health Care Services		45,914,832	0	0	0	0	0	0	0	0	45,914,832	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$51,055,718



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		California		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	464,436	0	0	0	0	0	0	0	0	464,436	
2.	First Quarter	503,659	0	0	0	0	0	0	0	0	503,659	
3.	Second Quarter	499,983	0	0	0	0	0	0	0	0	499,983	
4.	Third Quarter	501,504	0	0	0	0	0	0	0	0	501,504	
5.	Current Year	504,112	0	0	0	0	0	0	0	0	504,112	
6.	Current Year Member Months	6,019,011	0	0	0	0	0	0	0	0	6,019,011	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	355,409,101	0	0	0	0	0	0	0	0	355,409,101	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	405,918,722	0	0	0	0	0	0	0	0	405,918,722	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	371,783,418	0	0	0	0	0	0	0	0	371,783,418	
18.	Amount Incurred for Provision of Health Care Services	339,841,248	0	0	0	0	0	0	0	0	339,841,248	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$355,409,101



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Colorado		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	32,296	0	0	0	0	0	0	0	0	32,296	
2.	First Quarter	34,126	0	0	0	0	0	0	0	0	34,126	
3.	Second Quarter	34,190	0	0	0	0	0	0	0	0	34,190	
4.	Third Quarter	35,134	0	0	0	0	0	0	0	0	35,134	
5.	Current Year	35,782	0	0	0	0	0	0	0	0	35,782	
6.	Current Year Member Months	414,257	0	0	0	0	0	0	0	0	414,257	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	24,288,190	0	0	0	0	0	0	0	0	24,288,190	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	26,268,579	0	0	0	0	0	0	0	0	26,268,579	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	21,669,223	0	0	0	0	0	0	0	0	21,669,223	
18.	Amount Incurred for Provision of Health Care Services	19,809,266	0	0	0	0	0	0	0	0	19,809,266	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,288,190



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

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REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Connecticut		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	53,105	0	0	0	0	0	0	0	0	53,105	
2.	First Quarter	54,821	0	0	0	0	0	0	0	0	54,821	
3.	Second Quarter	54,022	0	0	0	0	0	0	0	0	54,022	
4.	Third Quarter	53,770	0	0	0	0	0	0	0	0	53,770	
5.	Current Year	53,707	0	0	0	0	0	0	0	0	53,707	
6.	Current Year Member Months	650,585	0	0	0	0	0	0	0	0	650,585	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	45,877,797	0	0	0	0	0	0	0	0	45,877,797	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	49,468,038	0	0	0	0	0	0	0	0	49,468,038	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	44,092,544	0	0	0	0	0	0	0	0	44,092,544	
18.	Amount Incurred for Provision of Health Care Services	40,291,500	0	0	0	0	0	0	0	0	40,291,500	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$45,877,797



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Delaware		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	13,379	0	0	0	0	0	0	0	0	13,379	
2.	First Quarter	13,385	0	0	0	0	0	0	0	0	13,385	
3.	Second Quarter	13,269	0	0	0	0	0	0	0	0	13,269	
4.	Third Quarter	13,310	0	0	0	0	0	0	0	0	13,310	
5.	Current Year	13,329	0	0	0	0	0	0	0	0	13,329	
6.	Current Year Member Months	160,109	0	0	0	0	0	0	0	0	160,109	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	9,606,770	0	0	0	0	0	0	0	0	9,606,770	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	11,153,406	0	0	0	0	0	0	0	0	11,153,406	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	8,692,592	0	0	0	0	0	0	0	0	8,692,592	
18.	Amount Incurred for Provision of Health Care Services	7,942,713	0	0	0	0	0	0	0	0	7,942,713	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,606,770



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		4667		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2017		(LOCATION)		NAIC Company Code		12575					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2		3															
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		6,430		0		0		0		0		0		0		0		0		6,430	
2. First Quarter		6,584		0		0		0		0		0		0		0		0		6,584	
3. Second Quarter		6,314		0		0		0		0		0		0		0		0		6,314	
4. Third Quarter		6,307		0		0		0		0		0		0		0		0		6,307	
5. Current Year		6,204		0		0		0		0		0		0		0		0		6,204	
6. Current Year Member Months		76,736		0		0		0		0		0		0		0		0		76,736	
Total Member Ambulatory Encounters for Year:																					
7. Physician		0																			
8. Non-Physician		0																			
9. Total		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		0																			
11. Number of Inpatient Admissions		0																			
12. Health Premiums Written (b)		5,542,499		0		0		0		0		0		0		0		0		5,542,499	
13. Life Premiums Direct		0																			
14. Property/Casualty Premiums Written		0																			
15. Health Premiums Earned.....		6,557,117		0		0		0		0		0		0		0		0		6,557,117	
16. Property/Casualty Premiums Earned		0																			
17. Amount Paid for Provision of Health Care Services.....		4,909,177		0		0		0		0		0		0		0		0		4,909,177	
18. Amount Incurred for Provision of Health Care Services		4,485,310		0		0		0		0		0		0		0		0		4,485,310	



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Florida		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	192,892	0	0	0	0	0	0	0	0	192,892	
2.	First Quarter	252,126	0	0	0	0	0	0	0	0	252,126	
3.	Second Quarter	248,271	0	0	0	0	0	0	0	0	248,271	
4.	Third Quarter	255,452	0	0	0	0	0	0	0	0	255,452	
5.	Current Year	261,790	0	0	0	0	0	0	0	0	261,790	
6.	Current Year Member Months	3,049,794	0	0	0	0	0	0	0	0	3,049,794	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	195,362,654	0	0	0	0	0	0	0	0	195,362,654	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	213,399,014	0	0	0	0	0	0	0	0	213,399,014	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	174,439,582	0	0	0	0	0	0	0	0	174,439,582	
18.	Amount Incurred for Provision of Health Care Services	159,562,062	0	0	0	0	0	0	0	0	159,562,062	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 195,362,654



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Georgia		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	153,354	0	0	0	0	0	0	0	0	153,354	
2.	First Quarter	170,109	0	0	0	0	0	0	0	0	170,109	
3.	Second Quarter	168,786	0	0	0	0	0	0	0	0	168,786	
4.	Third Quarter	170,619	0	0	0	0	0	0	0	0	170,619	
5.	Current Year	171,595	0	0	0	0	0	0	0	0	171,595	
6.	Current Year Member Months	2,044,009	0	0	0	0	0	0	0	0	2,044,009	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	112,264,621	0	0	0	0	0	0	0	0	112,264,621	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	122,176,352	0	0	0	0	0	0	0	0	122,176,352	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	113,563,247	0	0	0	0	0	0	0	0	113,563,247	
18.	Amount Incurred for Provision of Health Care Services	103,799,879	0	0	0	0	0	0	0	0	103,799,879	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$112,264,621



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Hawaii		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	9,476	0	0	0	0	0	0	0	0	9,476	
2.	First Quarter	8,900	0	0	0	0	0	0	0	0	8,900	
3.	Second Quarter	8,283	0	0	0	0	0	0	0	0	8,283	
4.	Third Quarter	8,344	0	0	0	0	0	0	0	0	8,344	
5.	Current Year	8,305	0	0	0	0	0	0	0	0	8,305	
6.	Current Year Member Months	103,232	0	0	0	0	0	0	0	0	103,232	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	4,044,594	0	0	0	0	0	0	0	0	4,044,594	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	5,267,599	0	0	0	0	0	0	0	0	5,267,599	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	4,173,280	0	0	0	0	0	0	0	0	4,173,280	
18.	Amount Incurred for Provision of Health Care Services	3,812,082	0	0	0	0	0	0	0	0	3,812,082	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,044,594



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Idaho		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	20,211	0	0	0	0	0	0	0	0	20,211	
2.	First Quarter	20,791	0	0	0	0	0	0	0	0	20,791	
3.	Second Quarter	20,810	0	0	0	0	0	0	0	0	20,810	
4.	Third Quarter	21,270	0	0	0	0	0	0	0	0	21,270	
5.	Current Year	21,322	0	0	0	0	0	0	0	0	21,322	
6.	Current Year Member Months	251,532	0	0	0	0	0	0	0	0	251,532	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	16,188,171	0	0	0	0	0	0	0	0	16,188,171	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	15,875,564	0	0	0	0	0	0	0	0	15,875,564	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	12,726,926	0	0	0	0	0	0	0	0	12,726,926	
18.	Amount Incurred for Provision of Health Care Services	11,631,225	0	0	0	0	0	0	0	0	11,631,225	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$16,188,171

30.ID



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Illinois		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	152,884	0	0	0	0	0	0	0	0	152,884	
2.	First Quarter	158,976	0	0	0	0	0	0	0	0	158,976	
3.	Second Quarter	157,182	0	0	0	0	0	0	0	0	157,182	
4.	Third Quarter	160,875	0	0	0	0	0	0	0	0	160,875	
5.	Current Year	162,598	0	0	0	0	0	0	0	0	162,598	
6.	Current Year Member Months	1,917,276	0	0	0	0	0	0	0	0	1,917,276	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	110,242,619	0	0	0	0	0	0	0	0	110,242,619	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	115,667,734	0	0	0	0	0	0	0	0	115,667,734	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	94,691,522	0	0	0	0	0	0	0	0	94,691,522	
18.	Amount Incurred for Provision of Health Care Services	86,547,462	0	0	0	0	0	0	0	0	86,547,462	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$110,242,619



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Indiana		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	107,396	0	0	0	0	0	0	0	0	107,396	
2.	First Quarter	109,446	0	0	0	0	0	0	0	0	109,446	
3.	Second Quarter	109,223	0	0	0	0	0	0	0	0	109,223	
4.	Third Quarter	110,755	0	0	0	0	0	0	0	0	110,755	
5.	Current Year	111,517	0	0	0	0	0	0	0	0	111,517	
6.	Current Year Member Months	1,320,763	0	0	0	0	0	0	0	0	1,320,763	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	72,463,652	0	0	0	0	0	0	0	0	72,463,652	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	78,074,871	0	0	0	0	0	0	0	0	78,074,871	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	71,375,623	0	0	0	0	0	0	0	0	71,375,623	
18.	Amount Incurred for Provision of Health Care Services	65,230,027	0	0	0	0	0	0	0	0	65,230,027	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$72,463,652

30.IN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Iowa		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	57,835	0	0	0	0	0	0	0	0	57,835	
2.	First Quarter	57,506	0	0	0	0	0	0	0	0	57,506	
3.	Second Quarter	57,283	0	0	0	0	0	0	0	0	57,283	
4.	Third Quarter	57,457	0	0	0	0	0	0	0	0	57,457	
5.	Current Year	57,552	0	0	0	0	0	0	0	0	57,552	
6.	Current Year Member Months	689,667	0	0	0	0	0	0	0	0	689,667	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	46,124,064	0	0	0	0	0	0	0	0	46,124,064	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	47,255,805	0	0	0	0	0	0	0	0	47,255,805	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	40,637,169	0	0	0	0	0	0	0	0	40,637,169	
18.	Amount Incurred for Provision of Health Care Services	37,133,723	0	0	0	0	0	0	0	0	37,133,723	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,124,064

30.1A



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Kansas		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	60,359	0	0	0	0	0	0	0	0	60,359	
2.	First Quarter	63,008	0	0	0	0	0	0	0	0	63,008	
3.	Second Quarter	62,099	0	0	0	0	0	0	0	0	62,099	
4.	Third Quarter	63,220	0	0	0	0	0	0	0	0	63,220	
5.	Current Year	63,566	0	0	0	0	0	0	0	0	63,566	
6.	Current Year Member Months	756,402	0	0	0	0	0	0	0	0	756,402	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	40,839,756	0	0	0	0	0	0	0	0	40,839,756	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	42,678,900	0	0	0	0	0	0	0	0	42,678,900	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	39,580,900	0	0	0	0	0	0	0	0	39,580,900	
18.	Amount Incurred for Provision of Health Care Services	36,176,426	0	0	0	0	0	0	0	0	36,176,426	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$40,839,756

30.KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Kentucky		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	88,204	0	0	0	0	0	0	0	0	88,204	
2.	First Quarter	91,608	0	0	0	0	0	0	0	0	91,608	
3.	Second Quarter	90,081	0	0	0	0	0	0	0	0	90,081	
4.	Third Quarter	91,180	0	0	0	0	0	0	0	0	91,180	
5.	Current Year	91,338	0	0	0	0	0	0	0	0	91,338	
6.	Current Year Member Months	1,094,677	0	0	0	0	0	0	0	0	1,094,677	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	63,389,208	0	0	0	0	0	0	0	0	63,389,208	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	68,408,836	0	0	0	0	0	0	0	0	68,408,836	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	60,731,746	0	0	0	0	0	0	0	0	60,731,746	
18.	Amount Incurred for Provision of Health Care Services	55,499,366	0	0	0	0	0	0	0	0	55,499,366	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$63,389,208



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Louisiana		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	88,711	0	0	0	0	0	0	0	0	88,711	
2.	First Quarter	92,940	0	0	0	0	0	0	0	0	92,940	
3.	Second Quarter	92,333	0	0	0	0	0	0	0	0	92,333	
4.	Third Quarter	92,889	0	0	0	0	0	0	0	0	92,889	
5.	Current Year	93,278	0	0	0	0	0	0	0	0	93,278	
6.	Current Year Member Months	1,114,696	0	0	0	0	0	0	0	0	1,114,696	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	69,074,071	0	0	0	0	0	0	0	0	69,074,071	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	73,999,890	0	0	0	0	0	0	0	0	73,999,890	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	67,916,403	0	0	0	0	0	0	0	0	67,916,403	
18.	Amount Incurred for Provision of Health Care Services	62,059,268	0	0	0	0	0	0	0	0	62,059,268	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$69,074,071



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Maine		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	9,798	0	0	0	0	0	0	0	0	9,798	
2.	First Quarter	10,272	0	0	0	0	0	0	0	0	10,272	
3.	Second Quarter	10,229	0	0	0	0	0	0	0	0	10,229	
4.	Third Quarter	10,480	0	0	0	0	0	0	0	0	10,480	
5.	Current Year	10,700	0	0	0	0	0	0	0	0	10,700	
6.	Current Year Member Months	124,189	0	0	0	0	0	0	0	0	124,189	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	7,062,394	0	0	0	0	0	0	0	0	7,062,394	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	7,726,558	0	0	0	0	0	0	0	0	7,726,558	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	5,866,230	0	0	0	0	0	0	0	0	5,866,230	
18.	Amount Incurred for Provision of Health Care Services	5,363,248	0	0	0	0	0	0	0	0	5,363,248	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,062,394

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Maryland		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	68,513	0	0	0	0	0	0	0	0	68,513	
2.	First Quarter	72,987	0	0	0	0	0	0	0	0	72,987	
3.	Second Quarter	72,118	0	0	0	0	0	0	0	0	72,118	
4.	Third Quarter	72,190	0	0	0	0	0	0	0	0	72,190	
5.	Current Year	72,020	0	0	0	0	0	0	0	0	72,020	
6.	Current Year Member Months	869,424	0	0	0	0	0	0	0	0	869,424	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	55,220,247	0	0	0	0	0	0	0	0	55,220,247	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	63,580,916	0	0	0	0	0	0	0	0	63,580,916	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	47,804,066	0	0	0	0	0	0	0	0	47,804,066	
18.	Amount Incurred for Provision of Health Care Services	43,688,390	0	0	0	0	0	0	0	0	43,688,390	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$55,220,247



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Massachusetts		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	122,161	0	0	0	0	0	0	0	0	122,161	
2.	First Quarter	125,034	0	0	0	0	0	0	0	0	125,034	
3.	Second Quarter	122,635	0	0	0	0	0	0	0	0	122,635	
4.	Third Quarter	121,861	0	0	0	0	0	0	0	0	121,861	
5.	Current Year	120,686	0	0	0	0	0	0	0	0	120,686	
6.	Current Year Member Months	1,475,036	0	0	0	0	0	0	0	0	1,475,036	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	107,506,398	0	0	0	0	0	0	0	0	107,506,398	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	116,318,259	0	0	0	0	0	0	0	0	116,318,259	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	86,800,297	0	0	0	0	0	0	0	0	86,800,297	
18.	Amount Incurred for Provision of Health Care Services	79,313,796	0	0	0	0	0	0	0	0	79,313,796	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 107,506,398

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Michigan		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	95,679	0	0	0	0	0	0	0	0	95,679	
2.	First Quarter	99,648	0	0	0	0	0	0	0	0	99,648	
3.	Second Quarter	97,243	0	0	0	0	0	0	0	0	97,243	
4.	Third Quarter	97,688	0	0	0	0	0	0	0	0	97,688	
5.	Current Year	98,023	0	0	0	0	0	0	0	0	98,023	
6.	Current Year Member Months	1,176,706	0	0	0	0	0	0	0	0	1,176,706	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	78,563,890	0	0	0	0	0	0	0	0	78,563,890	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	88,275,541	0	0	0	0	0	0	0	0	88,275,541	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	68,624,621	0	0	0	0	0	0	0	0	68,624,621	
18.	Amount Incurred for Provision of Health Care Services	62,721,418	0	0	0	0	0	0	0	0	62,721,418	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$78,563,890

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Minnesota		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	66,894	0	0	0	0	0	0	0	0	66,894	
2.	First Quarter	66,960	0	0	0	0	0	0	0	0	66,960	
3.	Second Quarter	66,317	0	0	0	0	0	0	0	0	66,317	
4.	Third Quarter	66,583	0	0	0	0	0	0	0	0	66,583	
5.	Current Year	66,754	0	0	0	0	0	0	0	0	66,754	
6.	Current Year Member Months	799,766	0	0	0	0	0	0	0	0	799,766	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	53,244,159	0	0	0	0	0	0	0	0	53,244,159	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	54,561,941	0	0	0	0	0	0	0	0	54,561,941	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	44,237,492	0	0	0	0	0	0	0	0	44,237,492	
18.	Amount Incurred for Provision of Health Care Services	40,423,644	0	0	0	0	0	0	0	0	40,423,644	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53,244,159



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Mississippi		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		86,178	0	0	0	0	0	0	0	0	86,178	
2. First Quarter		92,176	0	0	0	0	0	0	0	0	92,176	
3. Second Quarter		90,358	0	0	0	0	0	0	0	0	90,358	
4. Third Quarter		92,228	0	0	0	0	0	0	0	0	92,228	
5. Current Year		92,791	0	0	0	0	0	0	0	0	92,791	
6. Current Year Member Months		1,104,613	0	0	0	0	0	0	0	0	1,104,613	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		62,349,835	0	0	0	0	0	0	0	0	62,349,835	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		66,375,076	0	0	0	0	0	0	0	0	66,375,076	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		61,418,055	0	0	0	0	0	0	0	0	61,418,055	
18. Amount Incurred for Provision of Health Care Services		56,139,210	0	0	0	0	0	0	0	0	56,139,210	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$62,349,835

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Missouri		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	134,293	0	0	0	0	0	0	0	0	134,293	
2.	First Quarter	140,387	0	0	0	0	0	0	0	0	140,387	
3.	Second Quarter	138,851	0	0	0	0	0	0	0	0	138,851	
4.	Third Quarter	139,407	0	0	0	0	0	0	0	0	139,407	
5.	Current Year	139,823	0	0	0	0	0	0	0	0	139,823	
6.	Current Year Member Months	1,678,350	0	0	0	0	0	0	0	0	1,678,350	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	104,271,279	0	0	0	0	0	0	0	0	104,271,279	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	109,959,708	0	0	0	0	0	0	0	0	109,959,708	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	106,103,857	0	0	0	0	0	0	0	0	106,103,857	
18.	Amount Incurred for Provision of Health Care Services	96,955,706	0	0	0	0	0	0	0	0	96,955,706	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 104,271,279



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Montana		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	18,056	0	0	0	0	0	0	0	0	18,056	
2.	First Quarter	18,822	0	0	0	0	0	0	0	0	18,822	
3.	Second Quarter	18,770	0	0	0	0	0	0	0	0	18,770	
4.	Third Quarter	18,818	0	0	0	0	0	0	0	0	18,818	
5.	Current Year	18,972	0	0	0	0	0	0	0	0	18,972	
6.	Current Year Member Months	225,688	0	0	0	0	0	0	0	0	225,688	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	13,813,603	0	0	0	0	0	0	0	0	13,813,603	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	14,140,116	0	0	0	0	0	0	0	0	14,140,116	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	12,047,046	0	0	0	0	0	0	0	0	12,047,046	
18.	Amount Incurred for Provision of Health Care Services	11,010,483	0	0	0	0	0	0	0	0	11,010,483	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,813,603



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Nebraska		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	35,243	0	0	0	0	0	0	0	0	35,243	
2.	First Quarter	35,137	0	0	0	0	0	0	0	0	35,137	
3.	Second Quarter	34,982	0	0	0	0	0	0	0	0	34,982	
4.	Third Quarter	35,147	0	0	0	0	0	0	0	0	35,147	
5.	Current Year	35,248	0	0	0	0	0	0	0	0	35,248	
6.	Current Year Member Months	421,561	0	0	0	0	0	0	0	0	421,561	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	26,461,152	0	0	0	0	0	0	0	0	26,461,152	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	27,105,099	0	0	0	0	0	0	0	0	27,105,099	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	25,606,560	0	0	0	0	0	0	0	0	25,606,560	
18.	Amount Incurred for Provision of Health Care Services	23,397,606	0	0	0	0	0	0	0	0	23,397,606	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$26,461,152

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Nevada		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	13,004	0	0	0	0	0	0	0	0	13,004	
2.	First Quarter	13,437	0	0	0	0	0	0	0	0	13,437	
3.	Second Quarter	13,329	0	0	0	0	0	0	0	0	13,329	
4.	Third Quarter	13,459	0	0	0	0	0	0	0	0	13,459	
5.	Current Year	13,545	0	0	0	0	0	0	0	0	13,545	
6.	Current Year Member Months	161,335	0	0	0	0	0	0	0	0	161,335	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	11,202,025	0	0	0	0	0	0	0	0	11,202,025	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	11,941,768	0	0	0	0	0	0	0	0	11,941,768	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	8,714,931	0	0	0	0	0	0	0	0	8,714,931	
18.	Amount Incurred for Provision of Health Care Services	7,964,760	0	0	0	0	0	0	0	0	7,964,760	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,202,025



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		New Hampshire		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	15,218	0	0	0	0	0	0	0	0	15,218	
2.	First Quarter	16,023	0	0	0	0	0	0	0	0	16,023	
3.	Second Quarter	15,783	0	0	0	0	0	0	0	0	15,783	
4.	Third Quarter	15,989	0	0	0	0	0	0	0	0	15,989	
5.	Current Year	16,181	0	0	0	0	0	0	0	0	16,181	
6.	Current Year Member Months	191,224	0	0	0	0	0	0	0	0	191,224	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	10,812,671	0	0	0	0	0	0	0	0	10,812,671	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	11,948,061	0	0	0	0	0	0	0	0	11,948,061	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	9,412,311	0	0	0	0	0	0	0	0	9,412,311	
18.	Amount Incurred for Provision of Health Care Services	8,601,941	0	0	0	0	0	0	0	0	8,601,941	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,812,671

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		New Jersey		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	120,877	0	0	0	0	0	0	0	0	120,877	
2.	First Quarter	127,586	0	0	0	0	0	0	0	0	127,586	
3.	Second Quarter	126,223	0	0	0	0	0	0	0	0	126,223	
4.	Third Quarter	125,663	0	0	0	0	0	0	0	0	125,663	
5.	Current Year	125,176	0	0	0	0	0	0	0	0	125,176	
6.	Current Year Member Months	1,517,509	0	0	0	0	0	0	0	0	1,517,509	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	105,662,365	0	0	0	0	0	0	0	0	105,662,365	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	117,794,059	0	0	0	0	0	0	0	0	117,794,059	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	99,076,751	0	0	0	0	0	0	0	0	99,076,751	
18.	Amount Incurred for Provision of Health Care Services	90,540,452	0	0	0	0	0	0	0	0	90,540,452	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$105,662,365



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		New Mexico		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	36,688	0	0	0	0	0	0	0	0	36,688	
2.	First Quarter	37,615	0	0	0	0	0	0	0	0	37,615	
3.	Second Quarter	35,777	0	0	0	0	0	0	0	0	35,777	
4.	Third Quarter	36,477	0	0	0	0	0	0	0	0	36,477	
5.	Current Year	36,490	0	0	0	0	0	0	0	0	36,490	
6.	Current Year Member Months	442,546	0	0	0	0	0	0	0	0	442,546	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	22,206,340	0	0	0	0	0	0	0	0	22,206,340	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	23,393,016	0	0	0	0	0	0	0	0	23,393,016	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	17,662,483	0	0	0	0	0	0	0	0	17,662,483	
18.	Amount Incurred for Provision of Health Care Services	16,141,031	0	0	0	0	0	0	0	0	16,141,031	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,206,340

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		New York		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	247,209	0	0	0	0	0	0	0	0	247,209	
2.	First Quarter	256,388	0	0	0	0	0	0	0	0	256,388	
3.	Second Quarter	250,525	0	0	0	0	0	0	0	0	250,525	
4.	Third Quarter	249,796	0	0	0	0	0	0	0	0	249,796	
5.	Current Year	248,732	0	0	0	0	0	0	0	0	248,732	
6.	Current Year Member Months	3,022,059	0	0	0	0	0	0	0	0	3,022,059	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	208,647,424	0	0	0	0	0	0	0	0	208,647,424	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	221,859,955	0	0	0	0	0	0	0	0	221,859,955	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	200,298,059	0	0	0	0	0	0	0	0	200,298,059	
18.	Amount Incurred for Provision of Health Care Services	183,040,460	0	0	0	0	0	0	0	0	183,040,460	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$208,647,424



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		North Carolina		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	175,897	0	0	0	0	0	0	0	0	175,897	
2.	First Quarter	181,461	0	0	0	0	0	0	0	0	181,461	
3.	Second Quarter	178,548	0	0	0	0	0	0	0	0	178,548	
4.	Third Quarter	179,132	0	0	0	0	0	0	0	0	179,132	
5.	Current Year	179,550	0	0	0	0	0	0	0	0	179,550	
6.	Current Year Member Months	2,154,930	0	0	0	0	0	0	0	0	2,154,930	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	134,538,348	0	0	0	0	0	0	0	0	134,538,348	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	147,011,113	0	0	0	0	0	0	0	0	147,011,113	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	129,249,858	0	0	0	0	0	0	0	0	129,249,858	
18.	Amount Incurred for Provision of Health Care Services	118,121,136	0	0	0	0	0	0	0	0	118,121,136	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$134,538,348



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		North Dakota		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		19,421	0	0	0	0	0	0	0	0	19,421	
2. First Quarter		19,745	0	0	0	0	0	0	0	0	19,745	
3. Second Quarter		19,715	0	0	0	0	0	0	0	0	19,715	
4. Third Quarter		19,826	0	0	0	0	0	0	0	0	19,826	
5. Current Year		19,907	0	0	0	0	0	0	0	0	19,907	
6. Current Year Member Months		237,327	0	0	0	0	0	0	0	0	237,327	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		14,015,932	0	0	0	0	0	0	0	0	14,015,932	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		14,350,253	0	0	0	0	0	0	0	0	14,350,253	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		12,800,429	0	0	0	0	0	0	0	0	12,800,429	
18. Amount Incurred for Provision of Health Care Services		11,697,767	0	0	0	0	0	0	0	0	11,697,767	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,015,932



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Ohio		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	203,677	0	0	0	0	0	0	0	0	0	203,677	
2. First Quarter	201,341	0	0	0	0	0	0	0	0	0	201,341	
3. Second Quarter	192,676	0	0	0	0	0	0	0	0	0	192,676	
4. Third Quarter	196,031	0	0	0	0	0	0	0	0	0	196,031	
5. Current Year	196,045	0	0	0	0	0	0	0	0	0	196,045	
6. Current Year Member Months	2,376,727	0	0	0	0	0	0	0	0	0	2,376,727	
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	140,787,457	0	0	0	0	0	0	0	0	0	140,787,457	
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	144,898,855	0	0	0	0	0	0	0	0	0	144,898,855	
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	124,836,208	0	0	0	0	0	0	0	0	0	124,836,208	
18. Amount Incurred for Provision of Health Care Services	114,052,339	0	0	0	0	0	0	0	0	0	114,052,339	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 140,787,457



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Oklahoma		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		74,439	0	0	0	0	0	0	0	0	74,439	
2. First Quarter		78,556	0	0	0	0	0	0	0	0	78,556	
3. Second Quarter		75,467	0	0	0	0	0	0	0	0	75,467	
4. Third Quarter		77,301	0	0	0	0	0	0	0	0	77,301	
5. Current Year		77,635	0	0	0	0	0	0	0	0	77,635	
6. Current Year Member Months		931,928	0	0	0	0	0	0	0	0	931,928	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		59,152,400	0	0	0	0	0	0	0	0	59,152,400	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		63,291,704	0	0	0	0	0	0	0	0	63,291,704	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		55,452,729	0	0	0	0	0	0	0	0	55,452,729	
18. Amount Incurred for Provision of Health Care Services		50,680,352	0	0	0	0	0	0	0	0	50,680,352	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$59,152,400

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Oregon		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		36,480	0	0	0	0	0	0	0	0	36,480	
2. First Quarter		37,161	0	0	0	0	0	0	0	0	37,161	
3. Second Quarter		36,840	0	0	0	0	0	0	0	0	36,840	
4. Third Quarter		37,327	0	0	0	0	0	0	0	0	37,327	
5. Current Year		37,573	0	0	0	0	0	0	0	0	37,573	
6. Current Year Member Months		445,337	0	0	0	0	0	0	0	0	445,337	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		28,322,643	0	0	0	0	0	0	0	0	28,322,643	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		29,641,425	0	0	0	0	0	0	0	0	29,641,425	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		21,572,173	0	0	0	0	0	0	0	0	21,572,173	
18. Amount Incurred for Provision of Health Care Services		19,715,246	0	0	0	0	0	0	0	0	19,715,246	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$28,322,643



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Pennsylvania		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	209,448	0	0	0	0	0	0	0	0	209,448	
2.	First Quarter	222,470	0	0	0	0	0	0	0	0	222,470	
3.	Second Quarter	220,535	0	0	0	0	0	0	0	0	220,535	
4.	Third Quarter	221,955	0	0	0	0	0	0	0	0	221,955	
5.	Current Year	222,093	0	0	0	0	0	0	0	0	222,093	
6.	Current Year Member Months	2,665,889	0	0	0	0	0	0	0	0	2,665,889	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	153,546,191	0	0	0	0	0	0	0	0	153,546,191	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	163,876,779	0	0	0	0	0	0	0	0	163,876,779	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	143,860,322	0	0	0	0	0	0	0	0	143,860,322	
18.	Amount Incurred for Provision of Health Care Services	131,483,071	0	0	0	0	0	0	0	0	131,483,071	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$153,546,191



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Rhode Island		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	16,131	0	0	0	0	0	0	0	0	16,131	
2.	First Quarter	14,144	0	0	0	0	0	0	0	0	14,144	
3.	Second Quarter	13,121	0	0	0	0	0	0	0	0	13,121	
4.	Third Quarter	13,218	0	0	0	0	0	0	0	0	13,218	
5.	Current Year	12,819	0	0	0	0	0	0	0	0	12,819	
6.	Current Year Member Months	163,039	0	0	0	0	0	0	0	0	163,039	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	10,273,478	0	0	0	0	0	0	0	0	10,273,478	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	11,581,753	0	0	0	0	0	0	0	0	11,581,753	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	9,014,953	0	0	0	0	0	0	0	0	9,014,953	
18.	Amount Incurred for Provision of Health Care Services	8,220,557	0	0	0	0	0	0	0	0	8,220,557	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,273,478



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		South Carolina		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	80,585	0	0	0	0	0	0	0	0	80,585	
2.	First Quarter	87,520	0	0	0	0	0	0	0	0	87,520	
3.	Second Quarter	85,533	0	0	0	0	0	0	0	0	85,533	
4.	Third Quarter	86,240	0	0	0	0	0	0	0	0	86,240	
5.	Current Year	87,190	0	0	0	0	0	0	0	0	87,190	
6.	Current Year Member Months	1,042,663	0	0	0	0	0	0	0	0	1,042,663	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	55,911,464	0	0	0	0	0	0	0	0	55,911,464	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	62,740,929	0	0	0	0	0	0	0	0	62,740,929	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	56,834,744	0	0	0	0	0	0	0	0	56,834,744	
18.	Amount Incurred for Provision of Health Care Services	51,936,739	0	0	0	0	0	0	0	0	51,936,739	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$55,911,464



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		South Dakota		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	17,605	0	0	0	0	0	0	0	0	17,605	
2.	First Quarter	17,500	0	0	0	0	0	0	0	0	17,500	
3.	Second Quarter	17,468	0	0	0	0	0	0	0	0	17,468	
4.	Third Quarter	17,512	0	0	0	0	0	0	0	0	17,512	
5.	Current Year	17,526	0	0	0	0	0	0	0	0	17,526	
6.	Current Year Member Months	209,948	0	0	0	0	0	0	0	0	209,948	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	13,145,278	0	0	0	0	0	0	0	0	13,145,278	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	13,469,473	0	0	0	0	0	0	0	0	13,469,473	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	12,078,485	0	0	0	0	0	0	0	0	12,078,485	
18.	Amount Incurred for Provision of Health Care Services	11,037,256	0	0	0	0	0	0	0	0	11,037,256	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,145,278

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Tennessee		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		90,871	0	0	0	0	0	0	0	0	90,871	
2. First Quarter		97,875	0	0	0	0	0	0	0	0	97,875	
3. Second Quarter		95,987	0	0	0	0	0	0	0	0	95,987	
4. Third Quarter		97,984	0	0	0	0	0	0	0	0	97,984	
5. Current Year		99,004	0	0	0	0	0	0	0	0	99,004	
6. Current Year Member Months		1,173,819	0	0	0	0	0	0	0	0	1,173,819	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		69,487,461	0	0	0	0	0	0	0	0	69,487,461	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		74,055,227	0	0	0	0	0	0	0	0	74,055,227	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		63,394,804	0	0	0	0	0	0	0	0	63,394,804	
18. Amount Incurred for Provision of Health Care Services		57,945,007	0	0	0	0	0	0	0	0	57,945,007	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$69,487,461



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Texas		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	238,965	0	0	0	0	0	0	0	0	238,965	
2.	First Quarter	250,229	0	0	0	0	0	0	0	0	250,229	
3.	Second Quarter	240,219	0	0	0	0	0	0	0	0	240,219	
4.	Third Quarter	244,031	0	0	0	0	0	0	0	0	244,031	
5.	Current Year	245,755	0	0	0	0	0	0	0	0	245,755	
6.	Current Year Member Months	2,958,286	0	0	0	0	0	0	0	0	2,958,286	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	164,687,795	0	0	0	0	0	0	0	0	164,687,795	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	192,482,938	0	0	0	0	0	0	0	0	192,482,938	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	171,760,886	0	0	0	0	0	0	0	0	171,760,886	
18.	Amount Incurred for Provision of Health Care Services	156,973,227	0	0	0	0	0	0	0	0	156,973,227	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 164,687,795



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Utah		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	15,265	0	0	0	0	0	0	0	0	15,265	
2.	First Quarter	15,679	0	0	0	0	0	0	0	0	15,679	
3.	Second Quarter	15,407	0	0	0	0	0	0	0	0	15,407	
4.	Third Quarter	15,572	0	0	0	0	0	0	0	0	15,572	
5.	Current Year	15,722	0	0	0	0	0	0	0	0	15,722	
6.	Current Year Member Months	186,835	0	0	0	0	0	0	0	0	186,835	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	12,296,235	0	0	0	0	0	0	0	0	12,296,235	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	12,061,601	0	0	0	0	0	0	0	0	12,061,601	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	10,231,590	0	0	0	0	0	0	0	0	10,231,590	
18.	Amount Incurred for Provision of Health Care Services	9,351,212	0	0	0	0	0	0	0	0	9,351,212	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,296,235



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Vermont		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		17,747	0	0	0	0	0	0	0	0	17,747	
2. First Quarter		17,847	0	0	0	0	0	0	0	0	17,847	
3. Second Quarter		17,520	0	0	0	0	0	0	0	0	17,520	
4. Third Quarter		17,477	0	0	0	0	0	0	0	0	17,477	
5. Current Year		17,421	0	0	0	0	0	0	0	0	17,421	
6. Current Year Member Months		211,374	0	0	0	0	0	0	0	0	211,374	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		13,311,909	0	0	0	0	0	0	0	0	13,311,909	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		14,385,786	0	0	0	0	0	0	0	0	14,385,786	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		12,276,942	0	0	0	0	0	0	0	0	12,276,942	
18. Amount Incurred for Provision of Health Care Services		11,217,675	0	0	0	0	0	0	0	0	11,217,675	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,311,909



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Virginia		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	96,373	0	0	0	0	0	0	0	0	96,373	
2.	First Quarter	103,248	0	0	0	0	0	0	0	0	103,248	
3.	Second Quarter	102,387	0	0	0	0	0	0	0	0	102,387	
4.	Third Quarter	103,532	0	0	0	0	0	0	0	0	103,532	
5.	Current Year	104,639	0	0	0	0	0	0	0	0	104,639	
6.	Current Year Member Months	1,237,929	0	0	0	0	0	0	0	0	1,237,929	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	72,919,760	0	0	0	0	0	0	0	0	72,919,760	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	80,267,984	0	0	0	0	0	0	0	0	80,267,984	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	64,037,752	0	0	0	0	0	0	0	0	64,037,752	
18.	Amount Incurred for Provision of Health Care Services	58,530,253	0	0	0	0	0	0	0	0	58,530,253	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$72,919,760



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Washington		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	78,603	0	0	0	0	0	0	0	0	78,603	
2.	First Quarter	79,519	0	0	0	0	0	0	0	0	79,519	
3.	Second Quarter	78,109	0	0	0	0	0	0	0	0	78,109	
4.	Third Quarter	78,374	0	0	0	0	0	0	0	0	78,374	
5.	Current Year	78,570	0	0	0	0	0	0	0	0	78,570	
6.	Current Year Member Months	943,112	0	0	0	0	0	0	0	0	943,112	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	59,805,018	0	0	0	0	0	0	0	0	59,805,018	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	62,705,690	0	0	0	0	0	0	0	0	62,705,690	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	47,487,063	0	0	0	0	0	0	0	0	47,487,063	
18.	Amount Incurred for Provision of Health Care Services	43,395,152	0	0	0	0	0	0	0	0	43,395,152	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$59,805,018

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		West Virginia		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12575	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	41,455	0	0	0	0	0	0	0	0	41,455	
2.	First Quarter	43,146	0	0	0	0	0	0	0	0	43,146	
3.	Second Quarter	42,616	0	0	0	0	0	0	0	0	42,616	
4.	Third Quarter	43,002	0	0	0	0	0	0	0	0	43,002	
5.	Current Year	42,988	0	0	0	0	0	0	0	0	42,988	
6.	Current Year Member Months	516,641	0	0	0	0	0	0	0	0	516,641	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	32,998,204	0	0	0	0	0	0	0	0	32,998,204	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	35,334,986	0	0	0	0	0	0	0	0	35,334,986	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	29,130,877	0	0	0	0	0	0	0	0	29,130,877	
18.	Amount Incurred for Provision of Health Care Services	26,606,921	0	0	0	0	0	0	0	0	26,606,921	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,998,204

30.WV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Wisconsin		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	73,723	0	0	0	0	0	0	0	0	73,723	
2.	First Quarter	73,567	0	0	0	0	0	0	0	0	73,567	
3.	Second Quarter	72,040	0	0	0	0	0	0	0	0	72,040	
4.	Third Quarter	72,093	0	0	0	0	0	0	0	0	72,093	
5.	Current Year	71,990	0	0	0	0	0	0	0	0	71,990	
6.	Current Year Member Months	869,996	0	0	0	0	0	0	0	0	869,996	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	62,922,079	0	0	0	0	0	0	0	0	62,922,079	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	65,917,322	0	0	0	0	0	0	0	0	65,917,322	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	53,616,573	0	0	0	0	0	0	0	0	53,616,573	
18.	Amount Incurred for Provision of Health Care Services	48,993,559	0	0	0	0	0	0	0	0	48,993,559	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$62,922,079



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Wyoming		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	9,314	0	0	0	0	0	0	0	0	9,314	
2.	First Quarter	9,953	0	0	0	0	0	0	0	0	9,953	
3.	Second Quarter	9,964	0	0	0	0	0	0	0	0	9,964	
4.	Third Quarter	10,061	0	0	0	0	0	0	0	0	10,061	
5.	Current Year	10,185	0	0	0	0	0	0	0	0	10,185	
6.	Current Year Member Months	120,061	0	0	0	0	0	0	0	0	120,061	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	6,964,282	0	0	0	0	0	0	0	0	6,964,282	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	7,120,591	0	0	0	0	0	0	0	0	7,120,591	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	6,274,351	0	0	0	0	0	0	0	0	6,274,351	
18.	Amount Incurred for Provision of Health Care Services	5,734,761	0	0	0	0	0	0	0	0	5,734,761	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,964,282

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Guam		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	23	0	0	0	0	0	0	0	0	0	23	
2. First Quarter	25	0	0	0	0	0	0	0	0	0	25	
3. Second Quarter	15	0	0	0	0	0	0	0	0	0	15	
4. Third Quarter	18	0	0	0	0	0	0	0	0	0	18	
5. Current Year	19	0	0	0	0	0	0	0	0	0	19	
6. Current Year Member Months	233	0	0	0	0	0	0	0	0	0	233	
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	14,832	0	0	0	0	0	0	0	0	0	14,832	
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	14,832	0	0	0	0	0	0	0	0	0	14,832	
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	1,686	0	0	0	0	0	0	0	0	0	1,686	
18. Amount Incurred for Provision of Health Care Services	1,544	0	0	0	0	0	0	0	0	0	1,544	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 14,832



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Puerto Rico		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	470	0	0	0	0	0	0	0	0	470	
2.	First Quarter	494	0	0	0	0	0	0	0	0	494	
3.	Second Quarter	381	0	0	0	0	0	0	0	0	381	
4.	Third Quarter	380	0	0	0	0	0	0	0	0	380	
5.	Current Year	435	0	0	0	0	0	0	0	0	435	
6.	Current Year Member Months	5,270	0	0	0	0	0	0	0	0	5,270	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	375,109	0	0	0	0	0	0	0	0	375,109	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	375,109	0	0	0	0	0	0	0	0	375,109	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	72,517	0	0	0	0	0	0	0	0	72,517	
18.	Amount Incurred for Provision of Health Care Services	66,273	0	0	0	0	0	0	0	0	66,273	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$375,109



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		4667		BUSINESS IN THE STATE OF		U.S. Virgin Islands		DURING THE YEAR		2017		(LOCATION)		NAIC Company Code		12575					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2		3															
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		46		0		0		0		0		0		0		0		0		46	
2. First Quarter		50		0		0		0		0		0		0		0		0		50	
3. Second Quarter		35		0		0		0		0		0		0		0		0		35	
4. Third Quarter		42		0		0		0		0		0		0		0		0		42	
5. Current Year		41		0		0		0		0		0		0		0		0		41	
6. Current Year Member Months		513		0		0		0		0		0		0		0		0		513	
Total Member Ambulatory Encounters for Year:																					
7 Physician		0																			
8. Non-Physician		0																			
9. Total		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		0																			
11. Number of Inpatient Admissions		0																			
12. Health Premiums Written (b)		37,646		0		0		0		0		0		0		0		0		37,646	
13. Life Premiums Direct		0																			
14. Property/Casualty Premiums Written		0																			
15. Health Premiums Earned.....		37,646		0		0		0		0		0		0		0		0		37,646	
16. Property/Casualty Premiums Earned		0																			
17. Amount Paid for Provision of Health Care Services.....		19,604		0		0		0		0		0		0		0		0		19,604	
18. Amount Incurred for Provision of Health Care Services		17,922		0		0		0		0		0		0		0		0		17,922	



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Northern Mariana Islands		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	2	0	0	0	0	0	0	0	0	0	2	
2. First Quarter	2	0	0	0	0	0	0	0	0	0	2	
3. Second Quarter	1	0	0	0	0	0	0	0	0	0	1	
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	12	0	0	0	0	0	0	0	0	0	12	
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	2,838	0	0	0	0	0	0	0	0	0	2,838	
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,838	0	0	0	0	0	0	0	0	0	2,838	
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	338	0	0	0	0	0	0	0	0	0	338	
18. Amount Incurred for Provision of Health Care Services	309	0	0	0	0	0	0	0	0	0	309	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,838



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
4667		Grand Total		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12575	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	4,285,967	0	0	0	0	0	0	0	0	4,285,967	
2.	First Quarter	4,533,327	0	0	0	0	0	0	0	0	4,533,327	
3.	Second Quarter	4,457,011	0	0	0	0	0	0	0	0	4,457,011	
4.	Third Quarter	4,499,642	0	0	0	0	0	0	0	0	4,499,642	
5.	Current Year	4,519,889	0	0	0	0	0	0	0	0	4,519,889	
6.	Current Year Member Months	54,092,424	0	0	0	0	0	0	0	0	54,092,424	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	
9.	Total	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	3,292,391,006	0	0	0	0	0	0	0	0	3,292,391,006	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	3,569,701,086	0	0	0	0	0	0	0	0	3,569,701,086	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	3,079,808,634	0	0	0	0	0	0	0	0	3,079,808,634	
18.	Amount Incurred for Provision of Health Care Services	2,814,765,074	0	0	0	0	0	0	0	0	2,814,765,074	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,292,391,006

SCHEDULE S - PART 1 - SECTION 2

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	OTH/A/I	Medicare Part D Stand Alone	(96,579)		109,000				
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	OTH/A/G	Medicare Part D Stand Alone	(23,420)						
92916	73-1128555	07/01/2016	United American Insurance Company	NE	OTH/A/I	Medicare Part D Stand Alone	1,346,263		8,622,000				
92916	73-1128555	07/01/2016	United American Insurance Company	NE	OTH/A/G	Medicare Part D Stand Alone	(2,151,211)						
0899999. General Account - Authorized U.S. Non-Affiliates							(924,947)	0	8,731,000	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							(924,947)	0	8,731,000	0	0	0	0
1199999. Total General Account Authorized							(924,947)	0	8,731,000	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/A/I	MD	655,372,848		(1,414,766)				
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/A/G	MD	3,320,003						
1599999. General Account - Unauthorized Non-U.S. Affiliates - Captive							658,692,851	0	(1,414,766)	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							658,692,851	0	(1,414,766)	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							658,692,851	0	(1,414,766)	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							658,692,851	0	(1,414,766)	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							657,767,904	0	7,316,234	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							(924,947)	0	8,731,000	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							658,692,851	0	(1,414,766)	0	0	0	0
9999999 - Totals							657,767,904	0	7,316,234	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
00000 AA-3190173 01/01/2011 CVS Caremark Indemnity, Ltd.				(1,414,766)	686,413	(127,264,594)	(127,992,947)							(127,992,947)
1599999. General Account - Accident and Health Non-U.S. Affiliates - Captive				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
1899999. Total General Account - Accident and Health Affiliates				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
2399999. Total General Account				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)
9999999 - Totals				(1,414,766)	686,413	(127,264,594)	(127,992,947)	0	XXX	0	0	0	0	(127,992,947)

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	657,768	739,335	584,953	636,852	794,107
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	85,984	119,484	71,218	74,238	82,595
5. Total hospital and medical expenses	564,907	507,553	425,424	513,790	621,455
B. BALANCE SHEET ITEMS					
6. Premiums receivable	6,776	4,075	3,223	3,469	4,209
7. Claims payable	3,189	10,904	3,635	28,906	50,012
8. Reinsurance recoverable on paid losses	0	3,631	1,702	0	0
9. Experience rating refunds due or unpaid	8,731	58,311	40,471	47,117	54,972
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset			49,258	75,731	154,526
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	49,258	75,731	154,526
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0			
18. Funds deposited by and withheld from (F)		0			
19. Letters of credit (L)		0			
20. Trust agreements (T)		0			
21. Other (O)		0			

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	159,793,669		159,793,669
2. Accident and health premiums due and unpaid (Line 15)	30,801,976	8,190,726	38,992,702
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(155,310,317)	(155,310,317)
5. All other admitted assets (Balance)	1,884,796,407	124,616,234	2,009,412,641
6. Total assets (Line 28)	2,075,392,052	(22,503,357)	2,052,888,695
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	4,960,450	686,413	5,646,863
8. Accrued medical incentive pool and bonus payments (Line 2)	710,346	25,000	735,346
9. Premiums received in advance (Line 8)	18,344,169	4,102,600	22,446,769
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	27,317,370	(27,317,370)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	1,058,474,460		1,058,474,460
15. Total liabilities (Line 24)	1,109,806,795	(22,503,357)	1,087,303,438
16. Total capital and surplus (Line 33)	965,585,257	XXX	965,585,257
17. Total liabilities, capital and surplus (Line 34)	2,075,392,052	(22,503,357)	2,052,888,695
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	686,413		
19. Accrued medical incentive pool	25,000		
20. Premiums received in advance	4,102,600		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	(124,616,234)		
23. Total ceded reinsurance recoverables	(119,802,221)		
24. Premiums receivable	8,190,726		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	27,317,370		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	35,508,096		
31. Total net credit for ceded reinsurance	(155,310,317)		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES










The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:	
11.	
13.	
14.	
15.	
17.	
18.	
19.	
20.	
23.	

Bar Codes:	
11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 4667		(To Be Filed by March 1)		NAIC Company Code 12575	
	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	2,818,256,265	XXX		XXX	2,818,256,265
1.12 Without Reinsurance Coverage		XXX	12,944,671	XXX	12,944,671
1.13 Risk-Corridor Payment Adjustments	(247,681,492)	XXX		XXX	(247,681,492)
1.2 Supplemental Benefits	47,340,904	XXX		XXX	47,340,904
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	32,598,042	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX	443,378	XXX	XXX
2.2 Supplemental Benefits	494,977	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	13,363,197	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX	62,112	XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	3,698,136	XXX		XXX	XXX
4.2 Payable	225,630,470	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	2,837,491,110	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	13,325,937	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(18,352,886)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	47,835,881	XXX	0	XXX	XXX
6. Total Premiums	2,866,974,105	XXX	13,325,937	XXX	2,630,860,348
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	2,409,471,798	XXX		XXX	2,409,471,798
7.12 Without Reinsurance Coverage		XXX	6,452,198	XXX	6,452,198
7.2 Supplemental Benefits	49,204,127	XXX		XXX	49,204,127
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(4,880,539)	XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX	(12,311)	XXX	XXX
8.2 Supplemental Benefits	(100,979)	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	203,144,821	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX	372,475	XXX	XXX
9.2 Supplemental Benefits	3,554,503	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	2,201,446,438	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	6,067,412	XXX	XXX
10.2 Supplemental Benefits	45,548,645	XXX	0	XXX	XXX
11. Total Claims	2,246,995,083	XXX	6,067,412	XXX	2,465,128,123
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	282,361,543	XXX	(234,006,448)	48,355,095
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX	282,361,543	XXX	234,006,448	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	332,845,426	XXX	1,547,093	XXX	334,392,519
15. Expenses Incurred	330,690,508	XXX	1,537,077	XXX	XXX
16. Underwriting Gain/Loss	289,288,514	XXX	5,721,448	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(217,015,389)

Life Supplement Cover
N O N E

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts
N O N E

Life Supplement - Exhibit 5 - Interrogatories
N O N E

Life Supplement - Exhibit 7 - Deposit-Type Contracts
N O N E

Life Supplement - Schedule S - Part 1 - Section 1
N O N E

Life Supplement - Schedule S - Part 3 - Section 1
N O N E



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

NAIC Group Code 4667

NAIC Company Code 12575

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	57,773,133	61,657,979	0	50,709,363	46,348,665
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	57,773,133	61,657,979	0	50,709,363	46,348,665

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	1,448,175	1,430,096	0	1,107,168	1,011,144
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,448,175	1,430,096	0	1,107,168	1,011,144

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	38,856,072	39,086,307	0	29,092,952	26,588,453
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,856,072	39,086,307	0	29,092,952	26,588,453

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	51,055,718	54,751,370	0	50,238,156	45,914,832
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51,055,718	54,751,370	0	50,238,156	45,914,832

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	355,409,101	405,918,722	0	371,783,418
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	355,409,101	405,918,722	0	371,783,418

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	24,288,190	26,268,579	0	21,669,223	19,809,266
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,288,190	26,268,579	0	21,669,223	19,809,266

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	45,877,797	49,468,038	0	44,092,544	40,291,500
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,877,797	49,468,038	0	44,092,544	40,291,500

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 4667

DURING THE YEAR 2017
NAIC Company Code 12575

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	9,606,770	11,153,406	0	8,692,592	7,942,713
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,606,770	11,153,406	0	8,692,592	7,942,713

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	5,542,499	6,557,117	0	4,909,177
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,542,499	6,557,117	0	4,909,177

4,485,310

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	195,362,654	213,399,014	0	174,439,582	159,562,062
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	195,362,654	213,399,014	0	174,439,582	159,562,062

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	112,264,621	122,176,352	0	113,563,247	103,799,879
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	112,264,621	122,176,352	0	113,563,247	103,799,879

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	4,044,594	5,267,599	0	4,173,280	3,812,082
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,044,594	5,267,599	0	4,173,280	3,812,082

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	16,188,171	15,875,564	0	12,726,926	11,631,225
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,188,171	15,875,564	0	12,726,926	11,631,225

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	110,242,619	115,667,734	0	94,691,522	86,547,462
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	110,242,619	115,667,734	0	94,691,522	86,547,462

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	72,463,652	78,074,871	0	71,375,623	65,230,027
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,463,652	78,074,871	0	71,375,623	65,230,027

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 4667

DURING THE YEAR 2017

NAIC Company Code 12575

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	46,124,064	47,255,805	0	40,637,169	37,133,723
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	46,124,064	47,255,805	0	40,637,169	37,133,723

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (sum of Line 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	40,839,756	42,678,900	0	39,580,900
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,839,756	42,678,900	0	39,580,900

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (sum of Line 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	63,389,208	68,408,836	0	60,731,746
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	63,389,208	68,408,836	0	60,731,746

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	69,074,071	73,999,890	0	67,916,403	62,059,268
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,074,071	73,999,890	0	67,916,403	62,059,268

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 4667

DURING THE YEAR 2017

NAIC Company Code 12575

NAIC Group Code 4667		LIFE INSURANCE			NAIC Company Code 12575	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Plan premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	7,062,394	7,726,558	0	5,866,230	5,363,248
Other Individual Policies:						
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,062,394	7,726,558	0	5,866,230	5,363,248

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	55,220,247	63,580,916	0	47,804,066	43,688,390
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,220,247	63,580,916	0	47,804,066	43,688,390

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (sum of Line 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	107,506,398	116,318,259	0	86,800,297
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	107,506,398	116,318,259	0	86,800,297

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	78,563,890	88,275,541	0	68,624,621
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,563,890	88,275,541	0	68,624,621

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	53,244,159	54,561,941	0	44,237,492	40,423,644
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	53,244,159	54,561,941	0	44,237,492	40,423,644

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (sum of Line 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	62,349,835	66,375,076	0	61,418,055
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,349,835	66,375,076	0	61,418,055

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	104,271,279	109,959,708	0	106,103,857	96,955,706
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	104,271,279	109,959,708	0	106,103,857	96,955,706

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	13,813,603	14,140,116	0	12,047,046	11,010,483
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,813,603	14,140,116	0	12,047,046	11,010,483

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	26,461,152	27,105,099	0	25,606,560	23,397,606
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,461,152	27,105,099	0	25,606,560	23,397,606

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	11,202,025	11,941,768	0	8,714,931	7,964,760
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,202,025	11,941,768	0	8,714,931	7,964,760

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	10,812,671	11,948,061	0	9,412,311
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,812,671	11,948,061	0	9,412,311

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	105,662,365	117,794,059	0	99,076,751	90,540,452
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	105,662,365	117,794,059	0	99,076,751	90,540,452

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	22,206,340	23,393,016	0	17,662,483
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,206,340	23,393,016	0	17,662,483

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	208,647,424	221,859,955	0	200,298,059	183,040,460
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	208,647,424	221,859,955	0	200,298,059	183,040,460

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	134,538,348	147,011,113	0	129,249,858	118,121,136
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	134,538,348	147,011,113	0	129,249,858	118,121,136

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	14,015,932	14,350,253	0	12,800,429	11,697,767
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,015,932	14,350,253	0	12,800,429	11,697,767

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 4667

NAIC Company Code 12575

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	140,787,457	144,898,855	0	124,836,208	114,052,339
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	140,787,457	144,898,855	0	124,836,208	114,052,339

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	59,152,400	63,291,704	0	55,452,729
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,152,400	63,291,704	0	55,452,729

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	28,322,643	29,641,425	0	21,572,173	19,715,246
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,322,643	29,641,425	0	21,572,173	19,715,246

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	153,546,191	163,876,779	0	143,860,322	131,483,071
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	153,546,191	163,876,779	0	143,860,322	131,483,071

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	10,273,478	11,581,753	0	9,014,953	8,220,557
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,273,478	11,581,753	0	9,014,953	8,220,557

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	55,911,464	62,740,929	0	56,834,744	51,936,739
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,911,464	62,740,929	0	56,834,744	51,936,739

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	13,145,278	13,469,473	0	12,078,485	11,037,256
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,145,278	13,469,473	0	12,078,485	11,037,256

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (sum of Line 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	69,487,461	74,055,227	0	63,394,804
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,487,461	74,055,227	0	63,394,804

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	164,687,795	192,482,938	0	171,760,886	156,973,227
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164,687,795	192,482,938	0	171,760,886	156,973,227

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	12,296,235	12,061,601	0	10,231,590	9,351,212
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,296,235	12,061,601	0	10,231,590	9,351,212

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	13,311,909	14,385,786	0	12,276,942	11,217,675
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,311,909	14,385,786	0	12,276,942	11,217,675

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	72,919,760	80,267,984	0	64,037,752	58,530,253
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,919,760	80,267,984	0	64,037,752	58,530,253

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	59,805,018	62,705,690	0	47,487,063	43,395,152
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,805,018	62,705,690	0	47,487,063	43,395,152

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	32,998,204	35,334,986	0	29,130,877	26,606,921
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,998,204	35,334,986	0	29,130,877	26,606,921

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	62,922,079	65,917,322	0	53,616,573	48,993,559
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,922,079	65,917,322	0	53,616,573	48,993,559

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (sum of Line 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		(a)							
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year		(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	6,964,282	7,120,591	0	6,274,351
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,964,282	7,120,591	0	6,274,351

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2017

NAIC Group Code 4667

NAIC Company Code 12575

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	14,832	14,832	0	1,686	1,544
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,832	14,832	0	1,686	1,544

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	375,109	375,109	0	72,517	66,273
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	375,109	375,109	0	72,517	66,273

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	37,646	37,646	0	19,604	17,922
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,646	37,646	0	19,604	17,922

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons insured under indemnity only products _____0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	2,838	2,838	0	338	309
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,838	2,838	0	338	309

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	3,292,391,006	3,569,701,086	0	3,079,808,634	2,814,765,074
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,292,391,006	3,569,701,086	0	3,079,808,634	2,814,765,074

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____0 and number of persons
insured under indemnity only products _____0 .

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